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Protect your new dependant



ONTARIO MEDICAL SERVICES INSURANCE PLAN



ADDING A NEW DEPENDANT

Newborn or adopted* children who are registered with OMSIP within 30 days of birth or adoption*, are covered from date of birth or adoption*. All you do to register a new dependant is to fill out an "Application for Addition of Dependant Child" and send it to OMSIP. You can get these application forms from any chartered bank, general hospital Obstetrical Department, welfare agency, most doctors' offices, or from OMSIP, 135 St. Clair Avenue W., Toronto 7, Ontario.

CHANGE IN PREMIUM RATE

If you already have OMSIP coverage for yourself and two dependants, it costs no more to add a new dependant. It will not increase your premium.

For paying subscribers, your insurance contract status *does* change however, when you move from "single" to "couple" coverage, or "couple" to the "family" status. It now covers you and two or more dependants. Your premium payments will be adjusted. This new rate may not appear on the first billing after you notify us of your new dependant. In this case, pay the amount shown and an adjustment will be made on your future billing.

IMPORTANT—PROTECT YOUR NEW DEPENDANT PROMPTLY

You must register your new dependant within the 30-day period from date of birth or adoption*, to obtain coverage and to avoid a 3-month waiting period. Prompt registration also ensures OMSIP's ability to speed any claim payments to you or your

doctor. Prompt registration also frees you from the need for unnecessary correspondence. OMSIP pays up to 90% of fees established by the Ontario Medical Association fee schedule 1967.

WARNING—If you do not register a new dependant child within the specified 30 days, it means a 3-month waiting period before your new dependant is covered.

HOW TO FILL OUT THE APPLICATION

- 1. **CONTRACT NUMBER**—Write your OMSIP contract number (nine figures), in the squares provided on the supplied "Application for Addition of Dependant Child" form.
- 2. **LAST NAME**—Print the contract holder's LAST or family name . . . then the initials, in the space given.
- 3. **ADDRESS**—First print your Address, then your City or Town, then your County or District, in the space provided.
- 4. **FIRST GIVEN NAME OF CHILD**—List the first given name of new dependant in space marked. List the name as it will appear on future claims.
- 5. **NEW DEPENDANT'S LAST NAME**—If the new dependant's last name is different from the contract holder's, print the dependant's last name in this box.
- 6. **DATE AND SIGNATURE**—The contract holder must date and sign the application in space provided.

NOTE: In the section of the application card shown below, each new dependant's **BIRTHDATE** is to be listed under Day, Month and Year. 1 For an *adopted** child, fill in the **BIRTHDATE** box, 1 *PLUS* the additional section headed "DATE OF ADOPTION". 2 When properly applied for, coverage is effective from the date physical custody of the child is taken.

T. HOLDER											
DAY		BIRTH DATE		YEAR		SEX		DATE OF ADOPTION		YEAR	
MONTH		MONTH		YEAR		M/F		DAY		YEAR	
1		2		3		4		5		6	
7		8		9		10		11		12	
13		14		15		16		17		18	
19		20		21		22		23		24	
DATE						SIGNATURE OF CONTRACT HOLDER					



Print on your application card, the date actual physical custody of child is taken (for purposes of adoption).

WHEN CUSTODY OF DEPENDANT CHANGES

When a child welfare agency makes application within 30 days of custody transfer, children coming under their care who are registered under a standard Medical Services Insurance Contract, continue to be covered by OMSIP.

PROTECT YOUR NEW DEPENDANT BY REGISTERING PROMPTLY

***ADOPTION**—Under OMSIP coverage, an adoption means physical custody of a child for purposes of adoption.

Please quote your contract number on all OMSIP correspondence.



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